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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/712,917
Filing Date	November 13, 2003
First Named Inventor	J. Michael Teets
Art Unit	3746
Examiner Name	Charles Grant Freay
Total Number of Pages in This Submission	1
Attorney Docket Number	3419-032151

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC								
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences								
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)								
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information								
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter								
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):								
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Supplemental Declaration (2)								
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	Petition by Person Having proprietary Interest								
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	Statement Establishing Proprietary Interest								
<input type="checkbox"/> Response to Missing Parts/Incomplete Application										
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53										
<table border="1"> <tr> <td>Remarks</td> <td>Other Enclosures (cont.):</td> </tr> <tr> <td colspan="2">Statement Under 37CFR 3.373(b)</td> </tr> <tr> <td colspan="2">Notice of Recordation of Assignment Document and Copy of Assignment</td> </tr> <tr> <td colspan="2">Statement of Facts in Support of Filing of Behalf of Nonsigning Inventor (2)</td> </tr> </table>			Remarks	Other Enclosures (cont.):	Statement Under 37CFR 3.373(b)		Notice of Recordation of Assignment Document and Copy of Assignment		Statement of Facts in Support of Filing of Behalf of Nonsigning Inventor (2)	
Remarks	Other Enclosures (cont.):									
Statement Under 37CFR 3.373(b)										
Notice of Recordation of Assignment Document and Copy of Assignment										
Statement of Facts in Support of Filing of Behalf of Nonsigning Inventor (2)										

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	The Webb Law Firm		
Signature			
Printed Name	James G. Porcelli		
Date	October 10, 2006	Reg. No.	33,757

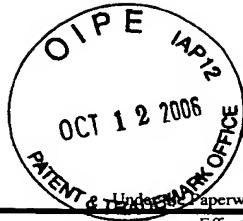
CERTIFICATE OF TRANSMISSION / MAILING

I hereby certify that this correspondence is being electronically filed with the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Christine A. Canavan	Date	October 10, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)

FEE TRANSMITTAL For FY 2006

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	\$330.00
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METHOD OF PAYMENT (check all that apply)

<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number:	23-0650	Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Small Entity		Small Entity		Small Entity		Fees Paid (\$)
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)
Each independent claim over 3 (including Reissues)
Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity	Fee (\$)	Fee (\$)
- 20 or HP =	x	=	0		50	25
HP = highest number of total claims paid for, if greater than 20					200	100
					360	180
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=	0		0	0
HP = highest number of independent claims paid for, if greater than 3						

3. APPLICATION SIZE FEE

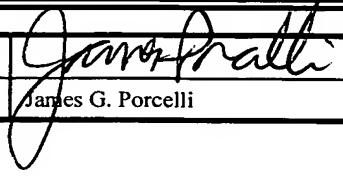
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number)	x	=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)
Other (e.g., late filing surcharge): Two Months Petition for Extension of Time (\$450. - \$120. = \$330.) **\$330.00**

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	33,757	Telephone	412-471-8815
Name (Print/Type)	James G. Porcelli			Date	October 10, 2006